1 original & 3 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County:	Facility Type:	Facility Name:
Henderson	[ ] Adult Care Home [ ] Family Care Home [ ] Combination Home [ ] Nursing Homex	Mountain Home Health and Rehab

Visit Date	3 7 2014	Time Spent in Facility	2 hr min	Arrival Time	1 : 30 Am p x

Name of Person Exit Interview was held with: | Interview was held [x] In-Person

Name: Tamikka Young Assistant DON | Phone: 828 693-5849

Title: Check Box [ ] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff Asst Don

Committee Members Present: Kandy Rice, Aubrey Carrutth,RuthRosauer,Bernie Brodsky,Kitty Dunn | Report Completed by: Kandy Rice

Number of Residents who received personal visits from committee members:14

Resident Rights Information is clearly visible.	[x] Yes	[ ] No	Ombudsman contact information is correct and clearly posted.	[x] Yes	[ ] N
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	[x] Yes	[ ] No	Staffing information is posted.	[x] Yes	[ ] N

Resident Profile

	Yes	No
1. Do the residents appear neat, clean and odor free?	x	
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	x	
3. Did you see or hear residents being encouraged to participate in their care by staff members?		x
4. Were residents interacting w/ staff, other residents & visitors?	x	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x	
6. Did you observe restraints in use?		x
7. If so, did you ask staff about the facility's restraint policies?	x	

Comments & Other Observations

The facility was not as clean as it has been in the past.The ha were somewhat cluttered. Staff was busy puttig residents tp l after lunch and many residents were sleepiing. A resident ca for help and the staff member immediately entered the room help.

There are no residents with restraints.

Resident Living Accommodations

	Yes	No
8. Did residents describe their living environment as homelike?		
9. Did you notice unpleasant odors in commonly used areas?		x
10. Did you see items that could cause harm or be hazardous?		x
11. Did residents feel their living areas were too noisy?	x	
12. Does the facility accommodate smokers?	x	
12a. Where? [ ] Outside only [x] Inside only [ ] Both Inside and Outside.		
13. Were residents able to reach their call bells with ease?	x	
14. Did staff answer call bells in a timely & courteous manner?	x	
14a. If no, did you share this with the administrative staff?		

Comments & Other Observations

This is an old facility in which most residents are medicaid fro South Carolina. There have been some improvements in rece years to make the facility more homelike, new floors and pain

Smoking is only allowed outside with supervision.

Resident Services

	Yes	No
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	x	
16a. Can residents access their monthly needs funds at their convenience?	x	
17. Are residents asked their preferences about meal & snack times?	x	
17a. Are they given a choice about where they prefer to dine?	x	
18. Do residents have privacy in making and receiving phone calls?	x	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	x	

Comments & Other Observations

There is a large dayroom with a big screen tv and comfortable Chairs. Today the residents were playing ball with balloons. The activity board is very large and lists all the activites for a month in the front of the facility. On each wing the activites a just a week at a time on a large board with large print. Thee i variety of activites including a dance group and singers
The menus for mieals are also on a large board outside the d room. Alternate choices are clearly shown. The main dining r has table cloths,music and a piano. Smaller rooms on each w are for residents that need help with eating.
The sanitation rating is 97/8 and the census is 122 out of 12

20. Does the Facility have a Resident's Council? [x] Yes [ ] No

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The only compaint was about the food. The resident stated it was overcooked and the vegetables too mushy. In September 2013 the state survey cited the same problem with the food and apparently it has not been remedied.	Discuss items from ***"Areas of Concern"*** Section as well as changes observed during the visit. Many of the residents in this facility are very impaired and unable to state if they have any problems. No family members were present when we visited. However, most residents seemed fair clean, comfortable and well cared for.

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

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